THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVII.] Wednesday, October 11, 1837. [NO. 10.

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.

NO. III.—BY DAVID KING, JR. M.D., NEWPORT.

"*What are the causes and nature of* Cholera Infantum, *and the best mode of treatment to be employed therein?*"

[Concluded from page 138.]

Cholera Infantum frequently terminates in chronic diarrhœa. The stomach is very much enfeebled, and incapable of performing its functions. Its irritability increases with its debility, and it rejects, almost immediately, whatever nourishment may be taken. The skin is dry and withered, the patient restless and irritable. The stools vary in appearance, according to the existence of acidity, the state of the hepatic secretion, and the degree of inflammation. If the evacuations be sour, greenish, watery and frothy, alkaline and cretaceous preparations should be employed, as—

℞. Creta ppt. ʒiij. or Carb. Sodæ ʒjss.
Tinct. Thebaic. gtt. xx.—xxx.
Ol. Cinnam. gt. j.
Sacch. Alb. ʒij.
Aq. Font. ℥iij.
M. ft. Julap. (Dewees.)
S. tea-spoonful every two, three, or four hours.

Dr. Kuhn, of Philadelphia, was in the habit of giving a tea-spoonful of the following mixture every two hours, to correct acidity.

℞. Magnesiæ calcin. ℈iv.
Pulv. G. Arab. ℈j.
Sacch. Alb. ʒij.
Aq. Menth. ℥ss.
Aq. Fontanæ ℥ijss.
M. adde Aq. Ammoniæ, pur. gtt. xlviij. to clxiv. according to the age of the patient.

Preparations of rhubarb will also be useful, from their tonic effect on the stomach and bowels. A tea-spoonful of spiced or simple syrup of rhubarb, combined with a small quantity of laudanum, may be given every three hours till it checks the too frequent discharges. To correct the functional disorder of the liver, one fourth of a grain of calomel, with one half of a grain of Dover's powder, or one twentieth of a grain of opium, may be given every four hours. A few grains of prepared chalk may be added to each powder, to correct the acidity of the primæ viæ.

To prevent the too sudden suppression of the discharges, the bowels must be regulated by an occasional dose of castor oil, with a few drops of laudanum.

When the tongue is dry and coated, or dry, smooth and polished,* the discharges black, pitchy, and exhausting, and the skin of a shrivelled appearance, Dr. Cartwright advises a little of the ext. of white walnut, one fifth of a grain of acet. plumbi, and a very minute portion of opium, given every three or four hours. He also uses the croton oil, for the exhausting discharges; one third of a drop, in syrup of roses, may be given to a child a year old, when the abdomen is tense, sore and swollen, and the pulsation of the carotids is quick and weak.

When we have evidence of a tendency to structural changes in the mucous membrane, the stools being slimy, watery, of a red color, and like the washings of flesh, the abdomen tender on pressure, the patient drawing up his legs when lying down, the pulse rapid, and the emaciation general, two or three leeches or a blister may be applied to the abdomen. These measures may be followed by the renewed application of large emollient poultices, and the frequent use of small doses of calomel and opium, or of hyd. cum creta, and sub carbonate of soda, with camphorated tincture of opium, in mucilage of gum arabic.

If the tongue be loaded and the stools slimy, the balsam of copaiva, in doses of five or six drops, or the spirits of turpentine in doses from five to twenty drops, with a drop or two of laudanum, may be given, with benefit, three or four times a day.

When the signs of follicular ulceration are decided, and the stools are mixed with purulent matter, small doses of the chlorate of lime, or of the chloride of soda, may be administered. The nitrate of silver, dissolved in gum arabic water, in doses of half a grain, with one or two drops of laudanum, the sulphate of iron, and the sulphate of copper, in doses of one eighth of a grain, with one twentieth of a grain of opium, are advised by Dr. Eberle, three or four times in a day.

The other indications of this disease are to support the strength, and restore the healthy tone of the organism. In the acute stage of this disease, the debility of all the important functions, especially the vital functions of the respiratory and circulating systems, is caused by an excessive irritation of the innumerable follicles of the intestinal mucous membrane. To remove this prostration, we must not apply to the irritated membrane tonics, stimulants, and astringents, but administer remedies calculated to soothe irritation, and prevent inflammatory action. By applying stimulants and counter-irritants to the skin, we shall allay the secretory irritation, and restore the exhausted functions. If the prostration be excessive, in the early stages, frictions, with stimulating liniments, as equal parts of aq. ammoniæ and oil of amber, or fomentations with hot brandy, containing a few pods of red pepper, and the internal administration of a few drops of tincture of cinnamon or a little wine whey, may be resorted to with advantage.

The advanced stages of the complaint are more adapted to the use of tonics, stimulants, and astringents. For severe colic pains, from flatulent distention of the stomach and bowels, Dr. Eberle uses from ten to fifteen drops of the following solution, three or four times daily.

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* When the discharges are acrid, dark-colored and offensive, Dr. Condie gives from five to ten grains of pulverized charcoal, four grains of Rhei, and one grain of ipecac., every three or four hours.

R. Ol. Juniper ʒij.
Sulph. Æther ℥ss.
Tinct. Opii gtt. lx.
M. ft.

When the hepatic secretion has become healthy, astringents and tonics will be of service to restore the tone of the intestinal mucous membrane. For this purpose we may use a decoction of black berry root, or of geranium maculatum, in milk, or of pomegranate bark and flowers; or an infusion of columbo root, or of logwood; or a combination of chalk mixture with tinct. of kino, or sulphate of quinine in syrup of roses. Dr. Chapman uses the supersaturated sulphate of iron.

R. Sal Martis gr. ij.
Acid Sulph. Dil. gtt. x.
Sacch. Alb. ʒj.
Aq. Font. ℥j.
M. ʒj. pro dosi.

Dr. Eberle has found a mixture of equal parts of lime water and infusion of Peruvian bark most beneficial in restoring the tone of the alimentary canal. He gives a dessert spoonful of this mixture, with four or five drops of tinct. of kino, in a solution of gum arabic, four or five times daily. During convalescence, the abdomen should be bound in a flannel roller.

The diet must consist almost exclusively of breast milk, in infants under the age of a twelve month, or who have been recently weaned. A healthy wet nurse should always be procured for children who have been weaned at an improper age or season. Gum arabic water may be given, occasionally, where the child is affected with excessive thirst. In children who have been weaned, or who will not nurse, barley or rice water and milk, toast water, gum arabic water, soda water, marshmallow tea, infusion of toasted oatmeal, and liquid farinaceous preparations of arrow-root, tapioca, sago, rice and boiled flour, will constitute proper articles of nourishment. In the protracted form of the disease, beef tea, chicken tea, and animal broths, will be of service. Dr. Rush advises a more stimulating diet, as salted meats, where the child has an instinctive craving for them. A removal from the city to the country, or to the sea side, exerts a most salutary effect upon this disease. A change of air cannot be too highly appreciated as a means of cure. If the advantage of a removal from the town to the country cannot be enjoyed, the child's residence may be changed from a low and moist to a high and dry situation, and he may be daily exposed to the fresh air, either by being carried out by means of attendants, or by frequent rides into the country. When the patient has been restored by a removal to the country, he should not be returned to the city until the middle of October, or while the miasm of cholera infantum continues to prevail.

Prophylaxis.—The prophylactic measures consist in protecting the infant from the action of the specific miasm, and in guarding it against the effects of the concurrent causes of the disease.

First, the specific miasm. Dr. Caldwell has suggested, in his dissertation on malaria,* the following preventive measures.

1. The best and only certain means of protecting infants from cholera infantum, is to allow them to pass their summer in the country. 2. The next best plan of security, is to allow the patient to sleep in the country every night, during the summer months; because exposure to the miasm, at night, during the inaction of sleep, is more dangerous than exposure during the day. 3. Where these measures are not convenient, the child should pass his nights and days, when at home, in the upper stories; because the febrile miasm does not rise to the highest stories of lofty city dwellings, or, at least, does not reach them in a state of full concentration and strength. 4. A few hours exercise daily, in the open air, especially in the country, without the limits of the malaria, will contribute to maintain the vigor of the system, and to protect it from the disease. The coolness of evening, and the extreme heat of noon-time, should, however, be avoided. 5. An artificial eruption on the skin, by maintaining a centrifugal action, would probably protect the system from the influence of the miasm. Children affected with prickly heat escape cholera infantum, unless from sudden change of the atmosphere, or other cause, the eruption disappears.

Beside these means, the child should be clothed in flannel, and the lower extremities kept warm by the use of worsted stockings. The frequent immersion of the child in cool water, and the use of the tepid bath, will promote cleanliness, invigorate the system, and render it less susceptible to the action of the miasm.

It is important that the child be cool and comfortable during sleep. The child's bed should consist of a mattress, or of folded blankets laid on the floor, and light covering. The air of his sleeping apartment should be rendered cool, and as pure as possible; the door of the room being kept open, and the windows with the shutters closed, if he sleep in the upper stories.

Dr. Parrish recommends the free use of cool and fresh water, during the heat of summer; and in infants predisposed to the disease, moderate quantities of weak infusions of ginger, nutmeg and cinnamon. The tone of the stomach, in languid infants, is raised by the moderate use of spices, pepper, cloves, and the sucking of small pieces of salt meat, as ham or dried beef.

Dr. Rush advises the use of sound old wine in the summer months. "From a tea-spoonful to half a wine-glassful, according to the age of the child, may be given every day. It is remarkable that the children of persons in easy circumstances, who sip occasionally, with their parents, the remains of a glass of wine after dinner, are much less subject to this disorder than the children of poor people, who are without the benefit of that article of diet." Dr. Eberle has found the use of small portions of porter and water beneficial in feeble and relaxed infants, as a preventive to bowel complaints. Farinaceous preparations of arrow-root, sago and tapioca, and weak animal broths, form the best nourishment for children who have been weaned. The occasional use of a moderate quantity of salted meat is advised by Dr. Rush. In children who have not been weaned, healthy breast milk must constitute the chief nourishment.

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* American Journal of Medical Sciences, No. xvi., 1831, p. 330.

Other important prophylactic remedies will now be enumerated, as necessary to guard the infant against the ill effects of *dentition*. The preventive measures are:—1st. Exercise in the open air. 2d. Daily cold sponging, followed by friction. 3d. Particular attention to produce coolness of the head; washing the head, daily, with cold water. 4th. Proper regulation of the diet. The nurse should avoid stimulants in her food and drinks. The child should take the breast often, but not long at a time, to prevent overfeeding. 5th. Attention to the state of the gums. Painful tension should be relieved by a free incision of the gum and capsule; and if the advancing tooth be double, a crucial incision should be preferred. 6th. Gentle laxatives, when plethora exists, or where the customary salivation is not present. 7th. Blisters, or the occasional application of one or two leeches behind the ears, if there be determination of blood to the head. 8th. Avoid premature weaning, as within the year, or weaning at an improper season, as between the months of May and October.

ON THE INDISTINCTNESS OF IMAGES FORMED FROM OBLIQUE RAYS OF LIGHT.

[Communicated for the Boston Medical and Surgical Journal.]

It is well known that only those rays of light proceeding from objects to which our attention is turned, strike the cornea in directions parallel, or very nearly so, to the axis of vision; and that such rays are consequently concentrated upon that portion of the retina which immediately surrounds the point where the axis passes through it. Images formed by rays thus transmitted, are the only ones which can be called truly distinct.

It must have fallen under the observation of every one, that to whatever object the eye is turned, it is that alone of which we have a distinct impression; and that the images of those objects which surround it are indistinct in proportion to their distance from it. For example—let the eye be directed to a word in the middle of a line; of that we have a distinct impression; of the words on either side, the images will not be quite so well defined; but of those at either end of the line, they are so confused that it is impossible to distinguish even the different letters.

This indistinctness of images which fall on portions of the retina not situated in the axis of vision, has been explained in various ways. Some physiologists* suppose that point of the retina most sensible which corresponds to the axis of vision; while those portions which are at a greater or less distance from it, have their sensibility diminished in proportion as their distance from the central point is greater. The whole may be more satisfactorily explained as follows:—

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* Vide Bostock's Physiology. Vol. III. Article, Vision.

1. Images formed from rays which are oblique to the axis of vision, have a degree of illumination inferior to that which results from direct light. If we hold a card, in which there is a circular aperture, so that the light, coming from a candle, shall strike it at right angles, the image formed on the wall will be exactly like the card; but if the card be turned obliquely to the light, the image becomes altered in its shape, and instead of a circular spot in its centre, it will have an oval one; and of course less light will be transmitted through the aperture in the card, since in the first case the image was round, whereas in the last it was oval, consequently covering less space. It is obvious that the aperture of the iris will transmit the greatest quantity of light, when the rays have a direction perpendicular to its plane, and that the quantity will be less in proportion as the obliquity of that plane to the rays is greater. So that the images of those objects to which the eye is directed, or, in other words, whose rays are perpendicular to the plane of the iris, will have the greatest degree of illumination; while those, the direction of whose light is more or less oblique, will have their degree of illumination diminished in proportion to the magnitude of that obliquity.

2. Those rays which are situated nearer to the lens than the focal distance, have a corresponding indistinctness. If in a darkened room we place a convex lens in the hole of a window shutter, and receive the images of external objects, as of a landscape, or a plane surface, or a screen, we find that those images are not equally defined in all parts; that while the centre of the picture is well defined, the circumference is not so; but by varying the distance a little, the one becomes distinct and the other in its turn indistinct. But if instead of a plane we substitute a screen whose surface is a portion of a sphere, the radius of which is equal to the focal distance of the lens, and place the last in a position corresponding to the centre of the sphere, then we shall have a picture at the same time equally distinct throughout. The reason of this is obvious; the same lens must have the same focal distance for all the rays which pass through it, direct as well as oblique; consequently, in order that light transmitted should form distinct images, the surface on which they are received should be equally distant, in all its parts, from the centre of the lens. This condition evidently cannot exist when a plane surface is used, for only one point can at the same time be situated at a distance equal to the focal distance; but, as we have seen, the concave spherical surface gives us the necessary conditions.

How is it with the eye? We find that the retina or screen on which the images are received is a spherical surface; the lens, however, is not situated in its centre. We know that its situation is anterior to the vitreous humor, and that the latter occupies about two thirds of the cavity of the ball; consequently the lens cannot be equally distant from all parts of the retina, inasmuch as it does not correspond with its centre, which is situated somewhere in the vitreous humor. Now that point of the retina which corresponds to the axis of vision is the only one on which distinct images are formed, and this, of course, corresponds to the focal distance, and at the same time is situated at the greatest distance from the lens. As all other parts of the retina must be at a less distance from the lens, there will necessarily exist a deficiency in the convergence of the rays, and in proportion as this deficiency is greater, or the distance of the illuminated point from the lens is less, the picture formed on the retina will be less distinctly marked.

From these results it appears that images formed by direct light are alone truly distinct, for they are the only ones whose distance from the centre of the lens is equal to its focal distance; their degree of illumination also is greater than that of images resulting from oblique rays, because, as we have seen, more light is transmitted through the aperture of the iris, when it is at right angles to the direction of rays, than when there exists any variation from this condition. Moreover, we can have a distinct impression of only one portion of a picture at the same time, and that in all cases is the one to which the eye is directly turned; from this results that constant change of direction in the eye, that "constant searching," as it is called, when we look at a picture, landscape, or any number of objects, or parts of objects; since they cannot all be seen equally distinct at the same time, the direction of the organ of vision is changed, that all the oblique rays may in turn become direct.

A curious fact has been observed by astronomers, especially by Mr. Herschel and Sir James South, which would seem to contradict what has been advanced above, viz., that in looking at very small stars, these were only visible when the eye was turned to another part of the field of the telescope, so that the stars were seen by oblique instead of direct rays; their images falling consequently on portions of the retina more or less distant from the axis of vision. This seems to be satisfactorily accounted for by Dr. Brewster as follows; objects seen indirectly are represented by images, which from the want of convergency in the rays are more diffused, and consequently occupy a larger space on the retina. Although in this case the image would be less distinct, yet from experiments recorded on page 249 of Brewster's treatise on optics, it would seem that the retina is not sensible to very small luminous points; these are perfectly distinct, however, when the position of the image is so varied, as in the case of the astronomers, as to occupy a larger portion of the retina—and this last condition is attained by causing the image to fall on a portion of the retina where the degree of convergence is more or less deficient. J. W.

Boston, Sept. 29th, 1837.

AMATIVENESS *VS.* PHRENOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

The case of Nymphomania in a late No. of the Journal, must be acknowledged to weigh heavy against such evidence as is produced by Phrenologists to support their system. It comes as near the character of a positive fact, as the nature of pathological investigations allows us to hope for. When to this is added the case of a young idiotic female addicted to masturbation, published by Cruvelhier some years since, in whom the cerebellum was wanting, and in whom he inferred, from the appearances present, that it had never existed, the frailty of the whole theory is obvious.

The sum and substance of the evidence in favor of the cerebellum being the organ of amativeness, derived from affections of the head, is this ;—that excitement of the genital organs sometimes takes place when this portion of the encephalon is diseased ; and that the frequency of erection and seminal emission during sleep, and especially while lying on the back, can best be explained on the supposition of congestion of blood there, by its weight.

With respect to the first of these arguments, it is incumbent on phrenologists to prove, not only that it is a constant fact, but that there is no accompanying circumstance which might give rise to the phenomena in question, and which is intermediate between the diseased action itself, and the consequence attributed to it. In both these points it fails. But a fractional part of those cases, in which the cerebellum is found diseased after death, exhibit the functional disturbance during life; while the two cases above show functional derangement, where neither the irritation nor the inflammation necessary to produce it could have existed. Again, whether we suppose the cerebellum to be the organ of sensation, or that, whose office is to secrete the stimulus to muscular contraction subservient to the will, the amatory excitement which occasionally attends its disorders might be explained as a secondary consequence, on as good grounds as (waving all direct evidence against it) are now urged by phrenologists to show its *immediate* and *direct* dependence, as of a function upon its appropriate organ.

This observation will, I believe, be justified by some considerations which seem to indicate a connection between what is called amativeness, and the general distribution of nervous excitement through the system. Phrenologists seem to have left unnoticed the consent and sympathy that prevails between the genito-urinary organs and the rectum, and the inference that may be derived from thence that they are often affected by one common cause.

Lallemand, in his late work on seminal emissions, says that he has been consulted on 150 cases which were supposed to be diseases of the brain, but which he found to depend either on the local irritation of gonorrhœa or masturbation, or sympathetic irritation from retention of urine, hardened fæces, and ascarides in the rectum, and a large proportion of which were benefited by local applications. Cantharides and strychnine produce priapism, increase the desire, and have been known to restore virility after it has been lost. Such is the consent between the action of the sphincters of the rectum and bladder, and priapism and seminal emission, that we are almost justified in referring the latter to a modification of the same cause with the former. In apoplexy, epilepsy, and asphyxia from strangulation, especially this last, the urine, fæces and semen often pass off involuntarily. In sleep, at the period of infancy, the fœces, in childhood the urine, and after the age of puberty the semen, pass away in the same manner. In the waking state the will controls, to a certain extent, all of these. In sleep, the power of habit, which is relatively weaker over the ejaculatory duct than over the other sphincters, controls and counteracts, within its peculiar limits, the stimulus of distention. The physiological explanation of these facts consists in supposing these evacuations to be restrained by the same nervous influence, whose tendency is to be distributed or withheld from the sphincter muscles consentaneously, but which tendency is modified by habit and volition. That this nervous influence is derived from the lower part of the spinal marrow, we have a right to infer from the paralysis of these muscles in conjunction with those of the inferior extremities in concussion of the spine, and from their constriction in spinal irritation and tetanus. Some experiments performed by Brachet, of Paris, have been thought to prove, conclusively, that while this nervous influence was derived from the spinal marrow, that which propels the contents of the bladder and colon onward is from the ganglionic system.

It is much more easy to conceive of the emission of semen in this way, than to account for the priapism itself, which is the first step of the process. This difficulty would probably vanish if we were acquainted with the intimate structure of the erectile tissues. Whatever that structure may be, whether cells, venous plexuses, or helicine arteries, this much is certain, that there is a contractile power in it, subject to a nervous influence; for a moral idea, a sympathetic irritation, or a local one, suffice to direct the blood into it so as to produce erection. Now this influence must either be of a nature to produce relaxation of the cells or their openings, stricture of their outlets, or it must increase the vis a tergo. No one will maintain that its primary operation is to increase the action of the heart or of the arteries; and since the effect of agents which produce contraction, as cold and galvanism, is to lessen the size of the organ, we have the most reason to conclude that erection takes place in consequence of relaxation of its tissue, and is not unlike the distention and fulness of the capillaries in congestion or inflammation. The opposing force to the contractility of the erectile tissue being the action of the heart and the arterial system, whatever increases the latter without increasing, *in the same ratio*, the former, or diminishes the first, without diminishing, in the same ratio, the last, is liable to produce erection and all the circumstances attending it. It is, then, easy to perceive why this erection is so common in sleep, and why, in particular, when lying on the back.

In sleep there is a general relaxation of the muscles which receive their nervous influence from the brain and spinal marrow, and, what is remarkable, it takes place in tetanus, where the violent muscular spasms arise independent of the will. When the patient falls asleep in the intervals between the paroxysms of this disease, the rigidity of the muscles at those times present, gives way to a state of complete flexibility. The nervous influence is then withdrawn to a degree beyond what might be expected from the consciousness of the patient—to a degree beyond that in which he is sensible of a contractile effort. And though this is made known to us by a morbid condition of the system, why may not the fact be applied to its healthy condition? In the blush of shame, and paleness from fear, we notice the influence of the brain on the contraction of the capillaries. Relaxation of the skin is often manifested in sleep by a tendency to perspiration and night sweats. Physiological experiments prove that the capillaries can be injected with much greater ease when the nerves of a part have been cut or tied. Is it not reasonable to suppose that after the suspension of all stimulus to volition, sensation and reflection, there may be a further withdrawal, which would leave the capillaries and the erectile tissue (nearly allied in nature) more disposed to yield to the distending force constantly exerted upon them? Certainly it is more just than to suppose erection to be connected with congestion of blood in the cerebellum, from the recumbent posture, when it can be proved conclusively that the cerebrum must share in greater proportion with it, any change of circulation in consequence of change of position.

We can see, from this view, why erection takes place so much more frequently when lying on the back, than on the side. Lying on the side is a constrained position. Some muscular exertion is necessary to maintain it. But in lying on the back, relaxation is complete; there is no muscular effort, consequently no emanation from the brain.

But it may be objected, that erection sometimes occurs in tetanus, when the stimulating influence of the nerves directed to the capillaries and erectile tissue is greater than ordinary. To this objection we may reply, that though this influence may be somewhat increased, it is not increased in proportion to the action of the heart and large arteries, which is evidenced by the profuse perspiration in the fits, and by the fact that amputation has been performed in this disease, and the large arteries contracted so as to prevent hæmorrhage, without the application of ligatures. Besides, it has been rarely observed in this disease. The existence of the venereal desire, in cases where erection and seminal emission take place, there is every reason to believe, is an effect rather than a cause, and is referable to that law by which any local impression in dreams suggests ideas, bearing relation to it, and calls into activity appetites, passions, and whatever has morally or physically been associated with it.

The condition of the brain, in these instances, resembles the first stage of excitive apoplexy; and when we consider how often apoplexy is a result of the venereal orgasm, and that universal relaxation attends both, producing all the evacuations referred to above, we may justly infer that they are more related to each other, as general affections of the brain, than that venereal excitement is simply a morbid manifestation of the function of the cerebellum.

The turgescence of the vessels of the head and of the neck, and the convulsive beating of the heart, it should be remembered, which attend the venereal act, differ not in the least from the effects consequent upon any violent excitement of the brain, whether moral or physical.

Finally, on the principles adopted by phrenologists themselves, there is as much reason to assign the "function" to the spinal marrow as to the cerebellum; for if the blood gravitates in the cavity of the brain and spinal marrow, more than the cerebral substance and the cephalospinal fluid, the spinal marrow being lower than the cerebellum, must receive the most of it. Add to this the fact that lesions of the spinal marrow have been attended with priapism, &c., and we have evidence of the same specific gravity, in favor of the spinal marrow being the organ of amativeness, as we have of the cerebellum. B. D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 11, 1837.

MASSACHUSETTS MEDICAL SOCIETY.

At a meeting of the Counsellors of this Society, at the Athenæum, on Wednesday last, Oct. 4th, twenty-two members were present—George C. Shattuck, M.D., the President of the Society, in the chair. After the records of the last meeting had been read, by Dr. Homans, the Council proceeded to the consideration of the ordinary business which usually accumulates in the hands of the Secretaries. A letter was received from Dr. Ebenezer Alden, of Randolph, announcing his acceptance of the appointment to deliver the next annual address. This was a happy selection, and the Society may anticipate something worth hearing.

Dr. Charles Hastings, of Worcester, England, Secretary of the Provincial Medical Society, an eminently distinguished gentleman in the profession, was elected an honorary member. Thomas Miner, M.D., of Middletown, late President of the Medical Society of the State of Connecticut, was also elected an honorary member, together with Usher Parsons, M.D., of the City of Providence, President of the Rhode Island Medical Society. Luther V. Bell, M.D., of Charlestown, late of New Hampshire, was admitted to a fellowship. The Corresponding Secretary, Dr. Hale, of Boston, then read the names of twenty-nine gentlemen, settled in various parts of the Commonwealth, who have become fellows by signing the by-laws. As soon as we can procure a correct list, it is our intention to publish both their names and residences. A communication from the Censors of the Second District, who hold their meetings at Worcester, was disposed of as they probably expected.

Another Part of Copland's Dictionary, that *celebrated invisible work* in this latitude, is to be obtained, if possible, for distribution on the next anniversary; but in case of failure, a volume of the lectures of Mr. John Hunter may be expected.

Some minor matters engaged the attention of the Council, but in the foregoing sketch the substance of their doings has been given. Although the day was cold, a cheerful fire contributed to make the room very comfortable, and the meeting, taken altogether, was less stiff and formal than in times past. Dr. Miller, the Vice President, arrived too late to take a seat before the adjournment.

Pulmonary Consumption in the West Indies.—From the New York American, a correspondent has taken the following article, which came to our address in a letter, with a request that it might appear in the Journal. It is accordingly introduced, with the hope that it will elicit from gentlemen who are conversant with the West Indies, a true statement of the facts. From Dr. Tuckerman, we should be pleased to receive a statement in relation to the actual mortality of consumptives in those islands where he has resided.

"A few days ago I noticed in the American a very seductive article respecting the climate of St. Croix, and simultaneously with it, appeared another from the Rev. Mr. Tuckerman, in the Boston Medical and Surgical Journal. I am especially inclined to send you this communication, by the circumstance of the latter having appeared under the sanction of a name of high authority in medicine.

"It is not my purpose to enter into a discussion of this subject. I shall content myself with stating the results which have been obtained by the most enlightened medical inquirers. This may be done by a short extract from a late author of the highest celebrity, Dr. James Clarke.*

"'The mortality from consumption,' says Dr. Clarke, 'is greater in the West Indies than any other station, and least at the Cape of Good Hope and the East Indies. The great prevalence of consumption in the West Indies I consider one of the most remarkable results of my researches. It confirms, in a striking manner, the opinion I gave in another work on the injurious effects of that climate on consumptive patients sent there from this country.† The *general* mortality is also greater in the West Indies than on any other station, with the exception of the west coast of Africa.'

"I may also say, it is the result of critical inquiry by European physicians, that the climate of Madeira is not inferior to that of the Cape of Good Hope in its adaptation to phthisical patients. The excessive heat of the West Indies is also considered, in itself, an insuperable objection.

"Very few Europeans visit the West Indies for the improvement of health. The migration thither is almost confined to Americans, who are too little inclined to profit by the experience of others. MEDICUS."

Dr. Joshua B. Flint.—This gentleman is now on his way to Louisville, to enter upon the course of surgical instruction assigned him by the trustees of the new medical school in that city. From years of acquaintance, we can speak with confidence of his ability. For several seasons, in succession, we were associated in giving a series of anatomical lectures, for which he was exceedingly well qualified. In the department of surgery we are inclined to believe he will manifest the whole strength of his mind. We have no hesitation in saying that there is not a member of the medical profession in Boston, of his age, who is better qualified, by systematic study, for the station to which he has been called, than Dr. Flint. He has our best wishes for his success in the discharge of the complicated and arduous duties belonging to the chair which he is about to fill, and we trust his new connection will be attended with honor to himself and to the Louisville Institute.

Charitable Eye and Ear Infirmary.—In consequence of the new class of duties devolving upon Dr. Reynolds, the ensuing winter, the whole care of the infirmary necessarily falls upon Dr. Jeffries. A lecture room has been fitted up in proper order, in which we hope Dr. J. will open a course of instruction on diseases of the eye, simultaneously with those at the college, which should be attended by every student matriculated by the faculty. Medical strangers, visiting Boston, should visit the infirmary, without failure, as it is decidedly one of the noblest and best conducted charities in the city, although in comparative infancy.

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* A Treatise on Pulmonary Consumption, p. 156. 1835. † Influence of Climate, p. 115, &c.

Scarlatina.—Our old friend and early anatomical instructer, William Ingalls, M.D., formerly engaged in extensive practice in this city, from which he had the good fortune to withdraw himself before he was quite worn out, has addressed a letter to his son, Dr. William Ingalls, Jr., on the subject of "*Scarlatina*, in which is contained cases of angina sine efflorescentia; scarlatina anginosa; benigna, maligna vel angina gangrenosa; and their sequelæ, &c.," which has been recently published, and will be more particularly made known to our readers forthwith. We supposed that Dr. Ingalls, in the enjoyments of the splendid mountain scenery by which his residence in the country is bounded, would never trouble himself again with professional concerns. In this, however, we are happy to find ourselves totally mistaken. His active mind is still exercised upon his favorite science.

Special Anatomy.—An inquirer wishes us to state what *two* professors of anatomy have to do in the College of Physicians and Surgeons, at New York. Dr. Rhinelander is expressly declared to be Professor of Anatomy—and that he lectures, also, on General, Surgical and Pathological Anatomy. One would suppose, says our correspondent, that this gentleman had quite labor enough imposed upon him by the regents, and that he must necessarily embrace every thread and fibre belonging to the domain of human anatomy. But a lecturer on *Special Anatomy* is added at the bottom of the list of professors; and for what? Is it for sponging an extra fee? says the inquirer, or is it a contrivance to discharge an old obligation, to a favorite, in the most economical way? Perhaps Dr. Rhinelander could explain the paradox, which would have more weight in convincing the querist, that declarations from any other source.

Great Natural Soda Fountain.—The Rev. Mr. Spaulding, of the Missionary service, in a letter, just published, dated Sept. 20, 1836, from Fort Vancouver, west of the Rocky Mountains, says that three days before reaching Fort Hall, he passed what he considered one of the greatest curiosities in the world—a natural soda fountain, of unknown extent. It has several openings, one of them about fifteen feet in diameter, with no discovered bottom. About twelve feet below the surface, are two large globes, on either side of the orifice, from which the effervescence seems to rise. A few minutes after dropping in a stone, the fountain is thrown into violent agitation. Another of the openings, only about four inches in diameter, is through an elevated rock, from which the water spouts at intervals of about forty seconds.

The water, in all its properties, is equal to any artificial fountain, and is constantly foaming and sparkling. Those who visit these magnificent and exhaustless reservoirs, drink prodigious quantities, with good effect to health. Perhaps, continues Mr. Spaulding, in the days when a railroad connects the waters of the Columbia with those of the Missouri, this fountain may be the source of great gain to the company that shall accomplish such a noble work, if they are beforehand in securing it. He is confident that if visiters can go from the far east to visit the magnificent falls of Niagara, they would not value a few more days' travel into the west, to contemplate the wonder and taste of the invigorating water of the great natural soda fountain of the Rocky Mountains.

Report of the Committee on Hernia.—To our surprise, the report, before alluded to, on the subject of Dr. Chase's truss, for the radical cure of hernia, makes a volume of two hundred and forty-three octavo pages, with numerous notes, by Heber Chase, M.D. Were it extensively circulated, it would have the two-fold effect of pioneering the way for the instrument and giving information of the philosophy of its action.

Arrest of Uterine Hæmorrhage by Compression of the Aorta.—M. Baudelocque, of Paris, has, for some years, been in the habit of using external compression in cases of uterine hæmorrhage. The pressure is made by the fingers of the right hand, applied, while the patient is on her back, about an inch above the umbilicus. The intestines gradually yield, to the right and left, and the vessel will be felt, pulsating, a little on the left side of the vertebral column. If the fingers of the left hand be applied to the femoral arteries, it will be found that all pulsation has ceased. The remedy has also been applied in cases of hæmorrhage arising from injury of the arteries of the leg or thigh.

New Theory of the Circulation.—Mr. J. R. Wood, of Manchester, Eng., has published what he considers a new theory of the circulation of the blood. He supposes that the iron, which is proved to exist in the blood of all animals, is, by some modification of electricity, an agent in this process, the external surface being in one electrical condition and the internal surface of the lungs in an opposite condition. The venous blood, he supposes, being in a state of electricity similar to that of the external surface, is repelled from the extremities, and attracted internally ; while the arterial blood, being in a state similar to the interior, is repelled thence, and attracted to the extremities. By this explanation we are not compelled to assent to the incredible muscular force of the heart which the laws of hydraulics would require, nor to admit the expansibility and contractility of the bloodvessels, which we do not perceive them to possess.

Large Bleedings in Purpura.—Mr. Elliotson has lately treated a case of purpura, successfully, by large bleedings. The patient, a man aged 45, of spare habit, regular life, and who had always enjoyed good health with the exception of an attack of rheumatism and the influenza, was bled to the amount of 150 ounces from the 25th of April to the 22d of June, and yet he was stronger at the expiration of that period than at the commencement. He was discharged on the 25th of June, nearly cured.

Treatment of Tinea.—Dr. Schneider recommends strongly the following method of treatment in cases of tinea :—

A circumscribed portion of the eruption is covered with Jasser's ointment, composed of

Sulphur. purificat. ;
Vitriol. alb. ; āā ℥ij.
Axung. recent. ℥vj. M., ft. unguentum.

In a few days the crusts begin to split, and soon fall off; the secretions change their character, and a cure is rapidly obtained.

A mercurial purge is given every eight days, and the child takes for drink a decoction of the woods.

The mean duration of the treatment is from four to five weeks.

Use of the Air Pump in Strangulated Hernia.—In five cases of strangulated hernia, lately treated by Dr. Reuter, he assures us that he succeeded in reducing three by means of the air-pump (*saug pumpe*), although the symptoms of strangulation were of the most unequivocal nature. In the fourth case, the exhausting pump produced little or no relief, and an operation became necessary. In the fifth case (one of crural hernia), it also became necessary to operate. This case terminated favorably, although the intestine was extremely discolored. On opening the hernial sac a great quantity of serum was discharged from the cavity of the abdomen.—*Berlin Med. Zeit. Mai* 17, 1837.

Preservation of Animal Substances.—M. Gannal, of Paris, has discovered that the substance most efficacious for preserving dead bodies is the acetate of alumina, with which a dead body may be preserved for a long time as effectually as if embalmed, and at a very trifling expense. The aluminous fluid may be introduced by the carotid artery, and any desiccation produced may be counteracted by a layer of varnish. The preservation of specimens of natural history for museums may be henceforth effected with a great saving of labor and cost, and the study of anatomy may be pursued with comfort at all seasons of the year.

To Correspondents.—The communications of Mesmer, W. A. A., and other papers, are on file for insertion. The request of J. W. G. will be complied with.

Died,—In Richmond, Va., Dr. William Reid McGaw, aged 43.

Whole number of deaths in Boston, for the week ending Oct. 7, 42. Males, 22—Females, 20.

Consumption, 4—intemperance, 1—brain fever, 1—paresis, 1—old age, 3—cholera morbus, 1—diarrhœa, 2—typhus fever, 2—cholera infantum, 2—inflammation of the lungs, 1—croup, 2—inflammation of the epiglottis, 1—dropsy on the chest, 1—dysentery, 1—throat distemper, 1—measles, 1—scarlatina, 1—teething, 1—hooping cough, 1—scrofula, 1—canker in the bowels, 1—stillborn, 1.

MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in *two* Dispensary districts, embracing Wards 1, 2 and 3, and *in cases which will be treated at the room daily*.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS.

THE Lectures commence on the first Monday of November of each year, and continue for four months.

J. Augustine Smith, M.D., Professor of Physiology.
Alexander H. Stevens, M.D., Professor of Clinical Surgery, (to lecture at the N. York Hospital.)
Joseph Mather Smith, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.
Edward Delafield, M.D., Professor of Obstetrics and the Diseases of Women and Children.
John B. Beck, M.D., Professor of Materia Medica and Medical Jurisprudence.
John Torrey, M D., Professor of Chemistry and Botany.
John R. Rhinelander, M.D., Professor of Anatomy. (Lectures on General, Surgical and Pathological Anatomy.)
Alban G. Smith, M.D., Professor of the Principles and Practice of Surgery.
Amariah Brigham, M.D. Lecturer on Special Anatomy.
Demonstrators.—James Quackenbush, M.D., J. B. Swett, M.D.

The expense of attending a complete course of Lectures by all the Professors, is $108. The matriculation fee, which is $5, entitles the student to the use of the College Library. Graduation fee, $25.

Oct. 4—4t. NICOLL H. DERING, M.D., *Registrar.*

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.	*Fees.*
Anatomy, by Edward Reynolds, M.D.*	$15
Chemistry, by John W. Webster, M.D.	15
Midwifery and Medical Jurisprudence, by Walter Channing, M.D.	10
Materia Medica and Clinical Medicine, by Jacob Bigelow, M.D.	10
Principles and Operations of Surgery and Clinical Surgery, by Geo. Hayward, M.D.	10
Theory and Practice of Physic, by John Ware, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,
Boston, July 5, 1837. tNov. 1. Dean of the Faculty of Medicine.

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* Professor John C. Warren being in Europe, and having announced his intention not to return this winter, the Corporation of Harvard University have appointed Edward Reynolds, M.D., Lecturer on Anatomy the ensuing winter. Professor Hayward has also been appointed to deliver the Lectures on Operative Surgery. Sept. 27. W. CHANNING, *Dean.*

[Printers whose papers contain the advertisement of the Lectures, are particularly desired to insert the above.]

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, Nov. 2d, 1837, and it continues seventeen weeks. The several branches are taught as follows, viz :

Principles and Practice of Surgery, by - - - -	Thomas Hubbard, M.D.
Theory and Practice of Medicine, by - - - -	Eli Ives, M.D.
Chemistry and Pharmacy, by - - - - -	Benjamin Silliman, M.D. and LL. D.
Materia Medica and Therapeutics, by - - - -	William Tully, M.D.
Anatomy and Physiology, by - - - - -	Jonathan Knight, M.D.
Obstetrics, by - - - - - - - -	Timothy P. Beers, M.D.

The matriculation fee and contingent bill are $7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are $12.50 each; and for Obstetrics, $6—amounting to $76—the whole to be paid in advance. The graduation fee is $15.

Yale College, Sept. 1, 1837. Sept. 13—6t

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
Franklin Street, Nov. 9, 1836. July 19—6m JOHN H. DIX, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price $3,00 a year in advance. $3.50 after three months, and $4,00 if not paid within the year.—Agents allowed every seventh copy *gratis.*—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper